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THE BRITISH JOURNAL OF DERMATOLOGY

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THE BRITISH
JOURNAL OF DERMATOLOGY.

FEBRUARY, 1908.

TELANGIECTATIC LESIONS OF THE SKIN OCCURRING IN THE SUBJECTS OF GRAVES' DISEASE.

By JAMES NEVINS HYDE, A.M., M.D.,
Professor of Diseases of the Skin, Rush Medical College, Chicago;
Dermatologist to the Presbyterian, Augustana, and
Michael Reese Hospitals.

In the study of exophthalmic goitre the symptoms described as tremor, thyroid gland enlargement, exophthalmos, and tachycardia have long been recognised as classical. There are, however, other morbid conditions occurring either during the active manifestations of the disease or after these last have disappeared, which are commonly considered as of minor moment. Among those affecting the skin-organ may be named: pruritus, hyperidrosis and hydrocystoma, erythematous flushing, scleroderma, myxœdema, and lastly, telangiectasis.

The interesting and important problems with which the student of the ætiology of this disease is confronted may well be referred to the men of the laboratory and those devoted to internal medicine. Whether eventually the affection will be shown to be a pure neurosis, or to be due to a central lesion of the medulla, to hyperthyroidism, or to athyria, whether the initial point of the pathogenesis be intra- or extra-thyroidal, these are questions the answers to which are not at present satisfactory. The dermatological aspects of some of these cases, however, present symptoms of the highest importance with respect to diagnosis, as they are displayed in what seems to be but a small number of the subjects of Graves' disease. Viewed as a group, it may be said of them all that while they are recognised in subjects

other than those suffering from exophthalmic goitre, it is none the less clear that some of them are very intimately related to the diseases of the thyroid gland. In the group of symptoms which may be described as of minor import may be named, as of great rarity and special significance, cutaneous telangiectasis.

Subjoined is a brief summary of four personal observations made in the case of women who exhibited telangiectatic lesions of the skin, chiefly of the face, and who at the time of examination were either suffering from Graves' disease, or having secured relief from its active manifestations exhibited the stigmata of the pre-existing disorder.

Case 1.—Mrs. J—, aged 57 years, having passed the menopause, weighing 180 lb., married and the mother of four children, three deceased; came for consultation October 10th, 1907. She was a healthy-looking, well-preserved woman, who stated that she had suffered from Graves' disease at the forty-fifth year of her life with classical symptoms for which she had been treated by a competent physician. The exophthalmos in her case had not been a pronounced feature of the disorder. She had lately been suffering from dysuria due chiefly to indigestion, with occasional pain in the left hypogastrium, and complained somewhat of shortness of breath on undue exertion. Otherwise she declared she was in excellent health. The face had exhibited the abnormal condition recognised at the time of the examination soon after she had secured relief from the active manifestations of exophthalmic goitre.

When examined the cheeks were seen to be the seat of well-nigh symmetrically disposed telangiectatic macules, somewhat more conspicuously displayed on the left side. The lesions varied in size from a small pin-head to half a split-pea. The definition was indistinct, but sufficient to permit definite localisation of each lesion. None was the seat of any subjective sensation. The smaller spots wholly disappeared under slight, the larger only under deep and prolonged, pressure. The hue of each was similar—a shade of light purple deepening at once with acceleration of the heart's impulse on exertion and when subjected to a high temperature. The cutaneous lesions were limited to the region of the face with the exception of a conspicuous macule over the left sterno-clavicular articulation. The heart and blood vascular system were normal, the urine free from evidences of

To illustrate Dr. James Nevins Hyde's Paper on Telangiectatic Lesions of the Skin occurring in the Subjects of Graves' Disease.

disease, the tongue clean, and the functions of the body in general properly performed.

The patient was presbyopic and wore glasses to correct the visual error. There was a small egg-sized fatty tumour over the left scapular region which apparently bore no relation to the condition of the face.

The thyroid gland was moderately large and soft, in size not exceeding that of a small orange. There was no exophthalmos and no tremor.

Case 2.—(Mrs. R—). The patient was a widow, aged 50 years, past the menopause, with one living child, seen by me in March, 1907, in consultation with my colleague, Dr. Louis Schmidt. She had been for several years under the successful treatment of a skilful practitioner of the city for relief of well-marked Graves' disease, having had typical thyroid enlargement, exophthalmos, and tremor. At the time of the consultation she had a contracted kidney, hypertrophic heart, and a scarcely perceptible enlargement of the thyroid gland. The exophthalmic symptoms had disappeared, as also an albuminuria with renal casts.

When examined the patient was found to be fairly well nourished, the eyes not prominent, lips red, tongue clean, and the heart-sounds normal, though the pulse was hard and bounding, the impulse being possibly exaggerated by strychnia which had been regularly administered by the mouth.

On the right side of the brow was a split-pea-sized, dull red, globoid lesion, distinctly defined and fairly well projected from the surface, which disappeared under pressure. On the left cheek was a small bean-sized similar lesion with the epidermis thinned at the apex. This also could be made to disappear under firm pressure, though there was some redness and thickening of the integument. Smaller, satellite-like, pin-head-sized lesions were visible at the periphery, all disappearing under firm pressure. Scattered about the right cheek were diffuse, vaguely defined, dull purplish-red puncta wholly disappearing under pressure.

The patient exhibited a moderate degree of seborrhœa of the scalp, where were a few scattered papules; also two seborrhoic areas, one on the back of the neck and one on the thigh, the last scarcely larger than a pigeon's egg, superficial, slightly scaling, and reddened.

This woman was subsequently examined by two experts of repute, one declaring that she was the victim of Mycosis fungoides. Another, an eminent European colleague, unhesitatingly asserted that her facial nodules were lupoid and would disappear under a course of treatment by phototherapy. This was practised under his direction without securing relief.

Case 3.—Mrs. C—, aged 43 years, weighing 143 lb., married fifteen years and the mother of two children, was sent on October 11th, 1907, by my colleague, Professor Herrick, for relief from a dermatosis affecting the face.

Five years before she had suffered from Graves' disease characterised by extreme exophthalmos, enlarged thyroid gland, and tremor. About two years before, under treatment, the patient had recovered, since which time she had developed considerable irritability of the skin of the face with subjective sensations of itching, burning, flushing, etc. The patient was fairly well nourished, and evidently belonged to the class of women less comfortably circumstanced than that of others whose cases are here described. She did her own housework, and was occupied about the kitchen stove in cooking for her family.

When examined no goitrous enlargement was found and no other signs of Graves' disease. A few small, telangiectatic-like macules were found on the upper chest. One perfectly typical vascular lesion was discovered on the upper lip. Upon the malar prominences were diffuse areas of vascular dilatation, of the type often recognised in rosacea, due to distension of the facial capillaries. On slight stimulation she reported that the lower part of the face became diffusely red and the skin appeared to be thickened.

The patient was of neurotic type, moving the hands constantly and rubbing or scratching the various parts of the body on slight provocation. She also suffered, she stated, from a pruritus hiemalis.

The symptoms in this case were much less conspicuous than in the others herein described.

In conjunction with my associate, Dr. E. L. McEwen, I made, in the year 1903, a survey of the series of cutaneous syndromes in Graves' disease, including hydrocystoma, cutaneous pruritus, and

telangiectases. The second of the four cases reported by us was described as follows:

Case 4.—Miss N. M—, aged 24 years; family history good; had broncho-pneumonia at two years, scarlet fever at eleven, with no untoward sequelæ, diphtheria at fourteen, and measles at twenty. Menstruation began at thirteen, and has since been practically normal, except for occasional dysmenorrhœa. She gives no history of pelvic trouble.

The patient had goitre at twelve years after a severe sore throat, and the gland had remained of about the same size since the beginning of the disease, increasing in volume slightly during "colds."

Two years before, the patient noticed a marked redness of the skin over the right frontal eminence. This gradually spread over the forehead. At this time she began to have cardiac palpitation on exertion. There were no other subjective sensations except weakness in the legs.

On examination she is seen to be poorly nourished, of sickly appearance, and of slender build. Her weight is 112 lb. The forehead shows a diffuse redness extending to the roots of the hair. On close inspection a fine network of vessels is visible throughout this area, at some points more conspicuously than at others. Pressure under a glass shows new vessel-formation with small scattered areas of brown pigment deposits. The redness extends over the cheeks and angles of the jaws to the neck, especially on the left side, where it appears as a tongue-like prolongation over the enlarged left lobe of the thyroid gland. Part of the redness disappears if the patient remains perfectly at rest for a brief time. New vessels are, however, present over the frontal eminences, the prominences of the cheeks, and over the lobe of the thyroid. The eyes show normal reflexes. Von Graefe's, Stelwagon's, and Möbius' signs are absent. There is slight exophthalmos. The circumference of the neck measures 29·5 cm. Both lobes and the isthmus of the thyroid gland are moderately enlarged, the left showing the greatest change; the gland is soft and not sensitive. The lungs are normal; the heart is normal in size, there are no murmurs; the cardiac pulse is 130 per minute (while the patient is quietly resting), regular and forcible; a murmur is present over the right side of the neck; there is no unusual cervical

pulsation. The abdomen is normal (pelvic organs not examined). There is no œdema. There is a well-marked tremor in the out-stretched hands. All the reflexes are greatly exaggerated. The urine is negative; there are no red or brown patches on the body; the skin is moist and irritable.

At the time of the publication of this article we were able to find but one record of telangiectases occurring in Graves' disease, the case recorded by Létienne and Arnal. These authors give the history of a female patient, aged 27 years, neurotic (hysterical crises at twelve), menstrual and digestive derangements, and an attack of rheumatism at fifteen. At the age of twenty-six she had noticed a small red macule over the sternal region. Similar lesions appeared elsewhere, and one year later these were irregularly disseminated over the entire surface of the body. The macules were round and oval in shape, scarlet to dark-red in colour, and of variable sizes. The shoulders and neck were exempt. The spots showed dark centres surrounded by areolæ, and were gradually lost in the area of the surrounding skin. These disappeared on pressure. Two larger areas were present over the malleoli, which were painful on pressure. The mucous membranes were exempt. The right lobe of the thyroid was hypertrophic. The pulse was registered at 105; there was marked tremor, no exophthalmos, and great nervousness.

Regarding these cases as a group illustrating one of the rarer complications of Graves' disease, it will be seen that the patients were all women averaging forty years of age. In two only was the health seriously impaired; these were the youngest of the group, one only suffering from active manifestations of the disorder. In the other of these two patients the dermatosis was more profusely developed and widely disposed than in the others. In one only had the enlarged thyroid gland been apparently reduced to its normal dimensions.

The lesions were generally of a purplish tint, and chiefly disposed over the face. In one instance the integument covering the gland was involved, in one the telangiectases were distributed over the general surface of the body. The lesions as a rule were pin-head to larger sized telangiectases; in a few instances single new-formed blood-vessels could be traced for several inches in the skin. In one patient globoid, pea-sized, papillomatous growths, compressible and practically disappearing under pressure, were projected by the side

of telangiectatic new growths scarcely differing from the lesions of facial rosacea, vascular in type.

The cutaneous symptoms here described are without question intimately related to the circulatory disturbance occurring in the course of Graves' disease. The tachycardia (or, as Barker prefers to name it, the "pycnocardia") may produce a pulse-rate of more than ninety beats to the minute, which may be increased to two hundred. This is one of the persistent and constant of the semeiotic phenomena of the disease, occurring in cases where even the exophthalmos and the struma may be wanting. When seemingly absent it is producible by definite artificial tests. In well-marked cases not only are the normal cardiac sounds strongly exaggerated but systolic murmurs occur, attributable solely to the extraordinary ventricular exertion, the heart at times mechanically dilating in its effort to sustain the unusual output from the left ventricle. The carotids throb; the abdominal aorta distends; the struma or gland itself may visibly pulsate; the ocular globes are protruded until there is an obvious encroachment upon the normal distance between the anterior pole of the eyeball and the supra-orbital crest of the frontal bone. All these are signs of an enormous cardiac strain.

"Hic labor, hoc opus est."

The really remarkable feature of these cases is not that telangiectatic lesions and blood-vascular nodules occasionally develop in the skin of a region like the face, normally provided with an abundant vascular plexus, but that these obvious results of high arterial pressure are not more constant and conspicuous. One of the chief features of the goitrous swelling is its own vascularity.

In connection with increased pulse-pressure must be estimated the tissue weakness which the disease produces. Often the skin of the face of these subjects is bedewed with sweat, erythematous blotches develop over the upper segment of the body, the weight perceptibly declines, while the blood-count may be nearly normal with even an excess of hæmoglobin. Indeed, one need not seek any more recondite explanation of the dermatosis here described than is furnished by the *vis-a-tergo* of the labouring heart impulse, the vaso-motor instability, and the tissue weakness of that part of the body which is endangered by its anatomical proximity to the circulatory centre, and its special exposure to the bombardment from the left ventricle.

The chief reason for directing attention to this subject in its dermatological relations concerns its importance in the establishment of diagnosis. It has been seen that errors have been made by experts who failed to recognise the purport of these surface-symptoms. The facts which it has been attempted to set forth here have a special significance for the reason that the telangiectatic and other blood-vascular lesions of the skin, in the subjects of exophthalmic goitre, may develop after the chief thyrotoxic phenomena have vanished. As a result of the studies recently conducted by trained observers the belief, once prevalent, that Graves' disease may be unaccompanied by thyroid enlargement is not now generally accepted. That such an opinion once prevailed is not without significance in this connection. As a matter of fact voluminous enlargements of the thyroid gland are not symptomatic of Graves' disease. In not a few cases of exophthalmic goitre the tumefaction of the gland is neither conspicuous nor suggestive.

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LUPUS CARCINOMA.

BY JAMES H. SEQUEIRA, M.D.LOND., F.R.C.P.LOND., F.R.C.S.ENG.,
Physician to the Skin Department and Lecturer on Dermatology at the London Hospital, in charge of Queen Alexandra's Light Department for the Treatment of Lupus.

THAT cancer may develop upon Lupus vulgaris was known to Alibert, Rayer, and Devergie, and from time to time considerable attention has been paid to this complication. Bayha (1) in 1887 collected forty-two cases. An article upon this paper with addi-

tional cases appeared in *Hutchinson's Archives* (2). Steinhauser (3) reviewed eighty-two cases, of which twenty-four were under forty years of age, and one, a girl, aged 9 years. The most complete monograph upon the subject is that of Ashihara (4) in 1901. He gave an exhaustive analysis of 122 cases in the literature, and described in detail three cases he had observed in the clinic at Breslau.

In 1904 Dr. Norman Walker raised an important question in a clinical lecture (5). Struck by the fact that within a short period he had seen several cases of epithelioma upon Lupus vulgaris, he asked whether it might not be possible that this was due to the newer methods of treatment, particularly by the X-rays. In the same year Mendes da Costa (6) described seven cases occurring in seventy-two cases of lupus treated by the X-rays. A case has since been published by Dr. J. M. H. MacLeod (7).

I must confess that for some time I was inclined to think that the risk of epithelioma developing upon lupus as a result of the X-ray treatment was insignificant, but that I take to be due to the fact that I have used the X-rays in this disease much less in proportion than many other workers. Finding that the Finsen treatment, though tedious and expensive, gives satisfactory results in most cases, I have rarely used the X-rays except to supplement the Finsen light in ulcerative cases of lupus, in lupus of the mucous membranes, and a few other conditions. The histories of three patients who presented themselves at the London Hospital have led me to realise that there is a considerable risk when frequent exposures to the X-rays are carried out over long periods. In these cases the exposures numbered hundreds. The danger lies, in my opinion, not in the setting up of a reaction, for this may prove curative of the epithelioma, but in the constant irritation by frequent small doses. This is the cause of the radio-dermatitis of the operator, with its unfortunate sequel in some instances of epithelioma—the penalty paid by some of the brilliant pioneer workers in radiography.

It is generally stated that epithelioma occurs on Lupus vulgaris in about 2 per cent. of the cases. During the past seven and a half years 964 patients suffering from lupus have been seen at the London Hospital. Among these there were fourteen cases of epithelioma. The proportion is, therefore, 1·5 per cent. This is considerably

below that usually given, which is for cases before the introduction of the ray treatment. It is, however, important to note that many of my cases of lupus were early, and some of them may eventually develop epithelioma.

The reason why we have seen so many cases at the hospitals recently is chiefly due to the fact that the general knowledge that a new treatment was under trial for what in many instances had been considered an incurable disease, brought to the clinics the cases of lupus of long standing in which epithelioma was likely to occur or had already occurred. Of my fourteen patients, eleven already had epithelioma when I first saw them.

Epithelioma occurred in two patients who had been under the Finsen treatment for some months. I do not think that there is any direct causal relationship here, for between seven and eight hundred cases of lupus have been submitted to the Finsen light, some of them for several years, and in two only malignant disease occurred. In both these cases the lupus was of twenty-five to thirty years' duration. Dr. J. M. H. MacLeod showed at the Dermatological Society of London a woman, aged 68 years, in whom an epithelioma had developed after two years' treatment by light. It was considered at the meeting that there was no reason to associate the appearance of the epithelioma with the light treatment (8).

I shall now briefly review the facts brought out by a study of my fourteen cases, and must here record my indebtedness to my late clinical assistant, Mr. J. E. Adler, for abstracts of the notes. I may mention that at least in half a dozen cases small warts have been seen, which on removal showed no characters of epithelioma, nor have they recurred. These are, of course, excluded.

Sex.—According to the text-books epithelioma is said to occur more commonly in females suffering from lupus than in males. Where this statement originally comes from I have not been able to trace. Of my fourteen patients ten were males and four females. This is remarkable, for Lupus vulgaris is much commoner in women than in men.

Of my 287 male cases epithelioma occurred in 10, or 2·87 per cent. Of the 677 females epithelioma occurred in 4, or 0·59 per cent.

It is not likely that this is accidental, because nearly 1000 cases are under consideration. Moreover Ashihara (3) notes that 64·7 per cent. of his large collection of cases were males and 35·3 per cent. females.

In the list of my patients it will be noticed that one man was the driver of a locomotive, one a railway fireman, one a lighterman, one a carman, one a gardener, and one a street newspaper-seller. In all of these employments exposure is a constant factor, and it appears to me that this is a probable explanation of the curious fact that the males suffering from Lupus vulgaris are more than four times as liable to get epithelioma as the females. In this connection it is of interest to recall Unna's seaman's cancer, which is ascribed to exposure.

Age.—The average age of the patients at the onset of the malignant disease was 42·7 years, in the males thirty-six years, and in the females forty-six years. The average age in the males was rendered low by two cases in which the epithelioma developed at the age of twenty-two. The youngest female was thirty-three, the oldest sixty-five. The oldest male was fifty.

Duration of lupus before the onset of epithelioma.—It is well known that cancer only develops in long-standing cases of lupus, Steinhauser's girl patient, aged 9 years (3), being the marked exception. In not one of my cases had the disease been in existence for less than twenty years, and in one it had lasted for fifty-seven years before the cancer appeared. Of thirteen cases in which there are particulars the average duration was thirty-five years. In the remaining case the patient was weak-minded and could give no dates, but the lupus was evidently of very long duration.

Previous treatment.—The nature of the previous treatment affords little help in determining the causation. Two of my patients had had no medical treatment whatever. One had taken "medicine" and applied paints and ointments. In the others scraping, caustics, and the cautery had been used. In one instance the old tuberculin had been used.

Three of the patients had had X-ray treatment before the epithelioma appeared. One had been treated for three years at a provincial hospital. He had, as a rule, three exposures a week. The second had had four years' treatment at a special hospital. Here the sittings were sometimes as many as five a week. The third case was treated at a provincial infirmary for two years, with frequent exposures, usually three a week.

Two patients, as I have already mentioned, had had the Finsen

treatment at the London Hospital, one for six months and the other about a year before the epithelioma appeared. Another patient who developed carcinoma while attending the London Hospital was a lighterman. He was unable to leave his work for regular treatment, and had simple antiseptic ointments—usually of boric acid—to apply to ulcerated surfaces.

Character of the lupus.—In six of my cases the cancer developed upon what is called "red lupus"—a very chronic type. In the others it appeared to start definitely in scar tissue.

Site of the cancer.—The cheek was the site of the growth in seven cases, and the cheek and neck in two cases (both huge ulcerating areas). The ear was affected in one, the nose in one, and the neck in one. In one case the upper lip was involved, and the ulceration spread into the mouth, forming a hideous sloughing cavity. In one case the lesion was over the sacrum. We have had no case in which the mucous membrane was primarily affected. Such cases have been described by Audry and Iversenc (bucco-pharyngeal) (9), and Crone (larynx) (10).

Characters.—In eight cases the growth was nodular. In one case two distinct nodular masses formed. Usually the nodular type progressed slowly. In six cases the ulcerative character was prominent. These developed more rapidly, especially that involving the mouth. Glandular infection was more rapid in the latter group.

Thirteen of the cases were examined microscopically. The tumours were found to be squamous epitheliomata with characteristic cell-nests.

Treatment.—Whenever possible the tumours were excised as widely as possible and the bases treated with the X-rays. Glands that could be reached were also removed. In three instances several operations have been performed. One patient who has had three operations during the past five years is still well. Seven patients are known to be dead (the first was seen in 1901). In one case the common carotid artery was tied for me by Mr. Rigby, with a view to checking the rapidly-growing tumour. There was a temporary improvement. In another case the common carotid had to be tied by the house-surgeon because the ulceration opened the external carotid artery. One patient (No. 3) was treated entirely by the X-rays. He had a large ulcerating tumour over the sacrum. The ulceration rapidly cleared up, and in

Summary.

No.	Name and occupation.	Age.	Lupus appeared.	Previous treatment.	X-rays.	Tumour appeared	Treatment and results.
	Males.						
1	Charles W—, lighterman (June, 1901)	49	Aged 19, cheek	Scraping, caustics	None	30 years after lupus, on cheek	Several operations, always recurred; died Jan. 20, 1906.
2	Horace P—, carman (June 18, 1903)	22	Aged 2, nose	Scraping, tuberculin, aged 10	None	20 years, upper lip and mouth	Partial removal, X-rays; died July 6, 1905.
3	William B—, labourer (Sept., 1903)	45	Early childhood, face, hands, buttock	Scraped, cautery, caustics	None	40 years, over sacrum	X-rays cured epithelioma in 3 months; well since 1904; lupus elsewhere active.
4	David R—, clergyman (Aug. 4, 1903)	45	Aged 17, face	Scraped	None	28 years, neck	X-rays, some improvement, then worse; died Feb., 1904.
5	Jacob S—, occupation ? (Sept. 4, 1905)	50	Aged 20, face, neck	None by doctors	None	29 years, cheek and neck	Improved under X-rays; lost sight of.
6	William K—, newspaper-seller (Dec. 12, 1905)	37	Childhood, face	No notes	None	No information, weak-minded; neck	No improvement under rays; dead.
7	Philip B—, gardener (March 29, 1906)	43	Aged 14	Scraped, etc.	3 years, at least 100 times a year	29 years, nose	No improvement under rays; operation impossible; died 1906.
8	Charles B—, railway fireman (May 1, 1906)	57	Childhood, ear	None	None	50 years, ear	Excision; glands removed; keeps well to date.
9	Louis W—, no occupation (May 8, 1906)	22	Aged 2, face	Scraping, etc.	For 4 years, up to 5 times a week	About 20 years, cheek and neck	Common carotid tied; slight improvement; died soon after left hospital.
10	Thos. R—, engine-driver (Aug. 16, 1907)	37	Aged 5, face	Scraped, cautery	None	30 years, cheek	Excision; X-rays to base under treatment.
	Females.						
11	Mrs. W— (Feb. 11, 1901)	43	Aged 12, face	Paints, ointments, Finsen light nearly 1 year	None	31 years, after several tumours on cheek	Tumours frequently removed; died 1907.
12	Sarah M—, single (Aug. 5, 1903)	45	Aged 20, face	Scraped, Finsen light 6 months	None	25 years, cheek	Several tumours removed; lost sight of.
13	Mrs. Sarah J— . .	65	Aged 11, face	Lotions, ointments, medicine	None	54 years, cheek	Operation; X-rays; still under observation.
14	Beatrice M—, single .	33	Aged 11	Scraped, etc.	Two years, frequent sittings	22 years, cheek	Seen once only; went home.

three months the indurated edge had disappeared. This occurred in 1904, and there is no recurrence to date (he was seen on January 7th, 1908). Three patients have been lost sight of, and I expect that they have succumbed. Two are still attending the hospital.

Results.—Two cases have remained well for three and one and a half years respectively. Seven are known to have died, the most rapid case being under one year. Three have been lost sight of. Two are still attending.

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ROYAL SOCIETY OF MEDICINE.

DERMATOLOGICAL SECTION.

An Ordinary Meeting of this Section was held at 20, Hanover Square, on Thursday, January 16th, 1908, at 5 p.m., Dr. Radcliffe-Crocker, President, in the chair.

The following cases were shown:

Dr. Graham Little showed (1) a case of *acute Lichen planus* in a young man, a butcher by occupation, with a very extensive eruption, of typical character, covering the greater part of the body, and, what was very unusual, much of the face. The eruption was very closely set, of a vivid pink colour, and extremely itchy. The man complained as well of pain in the limbs. No clue to the origin of the disease could be obtained; there was no history of sudden shock or chill, and he appeared to be a fairly robust and healthy subject. The mucous membrane of the mouth was very slightly affected. There were very numerous linearly-disposed papules which had become so distributed

by following the course of superficial scratches; a slight linear abrasion of the skin made experimentally by the exhibitor a few days previously was now covered with papules.

Dr. Radcliffe-Crocker stated that in his experience the cases which showed most extensive eruption on the body often showed least eruption on the mucous membranes, and *vice-versâ*. Cases of this acute type did best on salicin.

(2) A case of granulomatous-looking swellings which the exhibitor showed tentatively as a case of *Granuloma annulare* in a young and robust-looking woman. The diagnosis was made chiefly on the authority of the section of one of the nodules shown at the meeting, the histology of which was exactly like that of a section of granuloma annulare (which was shown for comparison), in a man brought before the Dermatological Society of London some months ago by the exhibitor; in this latter case the diagnosis of Granuloma annulare was universally accepted. The young woman now shown had had no previous illness; the nodules had begun to appear five months previously, and some of them had left scars. They commenced as white sago-like swellings, afterwards becoming red, and then blue. Nodules of this type occupied the fingers, wrist, arm, breast, neck, heel, and dorsum of one foot. The exhibitor promised that this case should be tested for tuberculosis, and a fuller account of it would be published later in the *British Journal of Dermatology*.

Dr. Pringle hesitated, on clinical grounds, to accept the exhibitor's diagnosis. He pointed out the presence of deeply-pitted scars left where the eruption had subsided. The lesions, which were distinctly nodular, in no locality presented complete circination, and in many positions, most markedly on the backs of the lower part of the legs, no sign of circination whatever. He was of the opinion that the case was probably of tuberculous nature, and suggested the trial of Calmette's ophthalmic tuberculin test as an aid to diagnosis.

Dr. J. M. H. MacLeod showed a case of *annular Lichen planus* affecting the penis and right forearm. The patient was a fairly healthy-looking man, aged 26 years, who was employed as a letter-sorter. He had enjoyed good health till two years ago, when he had had a nervous breakdown and was treated in a hospital for severe pains in the head. He suffered also from a weak peripheral circulation with cold hands and perspiring feet. He had never had syphilis, was married, and had several healthy children. The eruption about to be described appeared last August at a time when he was run down and nervous from having to do double work. It was confined

to the skin of the penis and right forearm, and consisted of (1) small irregularly shaped papules, about the size of a pin's head, flat-topped, and of a lilac pink tint; (2) larger roundish lesions about the size of a split-pea with a scale in the centre, which, on becoming detached, left a depression; and (3) incomplete ringed lesions with an irregular border, about 2 mm. in breadth, covered with adherent scales broken transversely by striæ, and enclosing areas of normal or slightly atrophic skin about the size of a threepenny-piece. The lesions were superficial, but had a definite and firm consistence. They appeared first as small flat papules, which increased peripherally and involuted in the centre with the formation of a scale, which separated and so produced a ringed lesion. The lesions were associated with slight itching. In addition to the lesions on the penis there was a solitary ringed lesion about the size of a large split-pea on the flexor aspect of the left forearm. No lesions occurred on the mucous membranes.

The case was of interest (1) as it showed the method of development of the annular lesion by the peripheral extension of a papule and its central involution, and (2) because the shaft of the penis is a somewhat rare situation for Lichen planus. In this connection it is of interest to note that Felix Pinkus has recently described (*Archiv f. Derm. u. Syph.*, lxxxv, 1907, p. 11), a series of cases of a nodular eruption, with a close resemblance to Lichen planus, which occurred in men and was usually confined to the penis, but occasionally affected other parts, such as the abdomen, chest, and arms. He named it "Lichen nitidus" as it consisted of shiny papules with a central depression. These lesions never became confluent, but showed a tendency to be arranged in rows.

Dr. PRINGLE had seen on the day of the meeting a case which he had diagnosed six weeks previously as one of Lichen annularis, described by Dr. Galloway in 1899 as distinct from Lichen planus of annular type. The manifestations were confined to the backs of the hands and wrists, and consisted of numerous circular lesions with raised, firm margins, averaging the size of a sixpenny-piece. An eruption of Lichen planus papules had, however, developed upon both forearms during the previous week.

Dr. J. A. ORMEROD showed an extensive case of *Pityriasis rubra pilaris*. The patient was a healthy-looking man, aged 30 years, and by occupation a coal-heaver. Previous to the onset of the present eruption his skin had been healthy, and he could cite no adequate cause for the rash. A month before the outbreak he had attended

the Seaman's Hospital for a scalp wound. The first indication he had had of the skin-affection was that for two days he had noticed that, although working hard, he did not perspire. The skin of his forehead began to feel "tight," and that of the face and neck became red and scaly. The erythema and scaliness had gradually spread down on to the trunk and limbs. He was admitted to St. Bartholomew's Hospital on January 3rd, 1908, and the onset of the eruption had taken place five weeks before admission. At the time of exhibition the eruption had the following distribution and character: It involved almost every part of the skin, but was most marked on the neck, upper arms, and trunk. The scalp was slightly scaly, but not seriously affected, the face was red and scaly, while the neck and upper arms were covered with a diffuse, red, harsh scaly eruption. The vaccination marks stood out as white, unaffected areas. On the abdomen the eruption was profuse, but on each side there were areas arranged symmetrically where the skin was less uniformly involved. On the thighs there were discrete scaly papules, due to the follicles being filled with epithelial plugs. The legs and forearms were less affected, but the follicles were prominent and hard. The backs of the hands were harsh and scaly, but the dorsal aspect of the phalanges did not present the usual prominent follicles. There was slight scaling of the soles and palms, which were horny, but not more so than was usually the case. The scrotum and penis appeared to be unaffected.

Dr. PRINGLE remarked on the remarkably slight degree to which the scalp was affected, but had noted the same peculiarity in two cases of Pityriasis rubra pilaris of acute type similar to that exhibited.

Dr. H. RADCLIFFE-CROCKER and Mr. GEORGE PERNET showed (1) *a case for diagnosis.* The patient was a well-built and otherwise quite healthy male, aged 26 years, and Australian by birth. Seven years ago whilst working in very deep mines he used to get very hot, and he suffered from a rash about the body and inner part of the legs. Some of his mates also suffered from rashes on account of the heat, but in their case the skin soon recovered, whereas in the patient the rash remained a considerable time, the individual lesions running together, the limbs also becoming involved. Except for an attack of fever in the Gulf of Carpentaria he had always been quite well and strong. He had been under the care of various medical men, some

of whom had treated him for syphilis. The question of leprosy and Mycosis fungoides had also arisen. In 1906 he came under the observation of Dr. H. G. Anthony, of Chicago, who had come to the conclusion the case was one of Parakeratosis variegata. The account of the case, with histology, by Dr. Anthony, with the discussion on the diagnosis will be found in the *Journal of Cutaneous Diseases* (vol. xxiv, 1906, pp. 455 *et seq.*).

Dr. Anthony had sent the patient on to Dr. Radcliffe-Crocker, but in the latter's absence the case had been seen by Mr. George Pernet. The following notes were made on December 4th, 1907: Scattered about the body and limbs were a number of patches circular and more or less oval in shape, and on the back varying from two and a half inches in diameter to the size of the palm. In colour and general appearance they were a pale pink and yellowish-pink, like the early patches of Xantho-erythrodermia perstans; but on the front of the body and on the limbs they were mottled brownish and bluish, with intervening hues. The darker ones presented pigmentary changes together with spotty superficial atrophy and telangiectases, especially on the lower limbs and buttocks. On pinching up the patches infiltration could not be made out and the atrophy was not very obvious to touch.

There was but faint scaliness in some of the older patches.

As regards the general distribution, there was a distinctly symmetrical tendency, and this became more obvious when a diagram was made of the patches.

The lesions, once formed, never went away. There were no symptoms in connection with them, and they were not anæsthetic.

Mr. Pernet, when he saw the case, did not agree with the diagnosis of Parakeratosis variegata. He proposed to call the condition Erythro-atrophodermia perstans en plaques, just to label the case.

The condition was possibly related to Brocq's Erythrodermies pityriasiques en plaques disséminées (Parapsoriasis en plaques), which Brocq considered had some likeness to Xantho-erythrodermia perstans.* Again, there are the cases of idiopathic atrophy of the skin in circumscribed and multiple patches, the description of which resembles the present patient's condition in some features. According to Rille,† the

* Brocq. *Traité élém. de Derm. Pratique*, 1907, t. ii, p. 367. See also Civatte, *Les Parapsoriasis de Brocq*, 1906, p. 223, etc.

† Rille, *Encyclopädie der Haut und Geshlechtskrankheiten*, 1900, p. 214, col. 1.

afore-mentioned idiopathic atrophy of skin cases appeared to him to be possibly identical with Brocq's Erythrodermies pityriasiques.

As the patient had had a variety of treatment, but not X-rays, Mr. Pernet had given the pink patch under the left nipple six exposures, with the result that the patch had practically disappeared as a comparison with a photograph taken before the X-ray treatment showed. The idea was to treat the pink recent patches in this way and thus prevent, if possible, the atrophic, telangiectatic, and pigmentary changes presented by some of the patches.

Dr. Radcliffe-Crocker saw the case on his return to town, and agreed the condition was not Parakeratosis variegata, but in most of its features corresponded with Xantho-erythrodermia perstans,* the only real difference being in the mottled pigmented and telangiectatic patches on the front of the trunk and lower limbs, which were not only different from those of Xantho-erythrodermia perstans, in which the characters of the patches were very uniform, but from the lesions of any dermatosis with which he was acquainted. He was of opinion the X-rays should be continued. The patches over one hip were now being dealt with in this way.

The patient was admitted to University College Hospital in order to observe him more carefully, but as he preferred to attend as an out-patient various points in the case could not be readily gone into.

Dr. J. M. H. MacLeod said that although the case did not seem to correspond perfectly to any member of the ill-defined group, which Dr. Colcott Fox and himself had provisionally named the "resistant maculo-papular scaly erythrodermias," still, it appeared to him to be closely allied to that member of the group which Brocq had designated as "Erythrodermie pityriasique en plaques disseminées."

Dr. Pringle thought that in the absence of itching and of a tangible amount of infiltration, the diagnosis of a pre-mycosis condition, which at once suggested itself, could not be established. He was inclined to agree with Dr. MacLeod in including it among the inchoate group of affections synthesised by Brocq, under the title of "parapsoriasis," but some of its characters resembled those of a severe case of Unna's "Eczema seborrhoicum circumscriptum."

Dr. Leslie Roberts regarded it as an example of Parakeratosis variegata. He considered that the whole follicular system of the skin was involved, notwithstanding the patchy discrete character of the eruption. The eruption was not that of a typical seborrhoïde.

* See Radcliffe-Crocker's paper in *Brit. Journ. Derm.*, vol. xvii, 1905, pp. 119 *et seq.* Histological note by George Pernet, p. 134, which compare with Anthony's, *loc. cit.*, p. 460.

(2) A case of *Lichen planus verrucosus* treated by violet light. The patient was a man, aged 32 years, who had had Lichen planus on and off for three years, for which he had originally attended at University College Hospital. In 1906 he came for a hard sore and secondary rash, and he had suffered from various manifestations of the specific disease (ulcers on tongue, throat troubles, cutaneous gummata, etc.). On the right leg there were two nearly palm-sized patches of Lichen planus, greatly thickened, raised, and verrucose, and extremely irritable. In April, 1907, having been uninfluenced to any degree by other means, they were exposed to the violet light obtained by means of the mercurial vapour vacuum tube.

The following were details of the exposures:

Upper patch mainly.

April	22,	5	minutes	All at 10 inches distance.
,,	24,	3	,,	
,,	26,	7	,,	
,,	29,	5	,,	
May	1,	5	,,	
,,	2,	5	,,	
,,	8,	5	,,	
,,	9,	5	,,	
,,	10,	10	,,	
,,	13,	10	,,	
,,	14,	10	,,	

Lower patch.

July	2,	10	minutes	At 8½ to 9 inches distance.
,,	5,	10	,,	
,,	9,	15	,,	
,,	16,	10	,,	

For a time after the exposures were stopped in both series little was observed in the patches, except that they felt softer and the irritation ceased. But in the course of a month or so the flattening became accentuated and soon the patches became level with the skin, leaving purplish patches behind, with some thinning of the skin. Mr. Pernet desired to emphasise the importance of not going on indefinitely with the exposures, but to stop them at intervals to observe what time would do.

Dr. J. H. Sequeira showed a *case of tuberculides*. The patient, a domestic servant, aged 19 years, had suffered from an eruption on the skin of the extremities, ears, and face since she was twelve and a half years old. The first appearance coincided with her first menstruation. There had usually been an outbreak each spring and autumn and the lesions had gradually faded in the intervals. The present attack, which was the most severe, began in January, 1907.

Each attack began with an eruption of small, painless, raised, red swellings, which slowly increased in size, projected above the surface, then broke down in the centre and slowly healed, leaving scars.

When first seen seven weeks ago the following conditions were noted: On the back of the hands, wrists, forearms, and the lower part of the upper arms, and on the front of the legs and feet, were a large number of roughly circular, dull-red spots varying from 1 mm. to 2 cm. in diameter. The margins of the spots could be defined with ease by the finger, but each was surrounded by a rather livid area which shaded into the surrounding healthy skin. In the centre of many spots there was a yellow adherent seat, in others, a depressed dry area, and, again, in others, an ulcer oozing a little thin yellowish pus. Most of the lesions were discrete, but on the backs of the wrists, and about the elbows, and on the front of the foot and leg, they had in some instances become confluent. The largest ulcers were at the back of the legs. In addition to these active spots there were a large number of small white circular scars the sites of old lesions of similar type, and also some pigmented spots in the situation of some more recent healed areas. On each cheek there were a few white scars, and on the margin of the lobule of the left ear there was a group of circular infiltrated spots each showing central necrosis. The right ear was similarly but less severely affected.

When shown at the meeting the ulcerative lesions had almost all healed, the patient having had a prolonged rest in the horizontal position. There was no evidence of tuberculosis in the patient. She had had no serious illness, but "years ago" she had some swelling of the cervical glands. These did not rupture, and there was no scar.

One brother was said to have died of "consumption" (?) when three years of age.

The conditions were those described variously as "folliclis" and

"acnitis," or preferably follicular and papular necrosing tuberculides. The large ulcers were on the calf, and exactly like the ulcers in Bazin's disease. They did not appear, however, to have been preceded by a definite lump, but to have been produced by the extension of the small lesions above mentioned. This the exhibitor could not be certain about as the ulcers were present when he first saw the patient.

The opsonic index to tubercle was tested. It was found to be 1·1.

Calmette's ophthalmic test was made and a characteristic reaction obtained. The temperature throughout had been normal. There had been no albuminuria.

Dr. Stowers exhibited a male patient, aged 53 years, bald-headed, the subject of *rodent ulcer* of about twelve months' duration. The lesion, which could be covered by a threepenny-piece, was situated upon the left side of the scalp over the fronto-parietal suture. It was painless, but the special characters of the ulcer supported the diagnosis. No enlargement of glands existed.

Treatment by excision or X-rays was suggested, the majority of the members preferring the latter.

OSKAR LASSAR.

The death of Lassar will be mourned, not only in Berlin, where his commanding position in dermatology was for thirty years unquestioned, but in the whole of Europe, where he was well known, and numbered among his friends a host of prominent Dermatologists. His death was the result of an accident. He was driving to the Agricultural College when his carriage collided with a motor. Death followed in a few days from septicæmia.

Lassar was born in Hamburg on January 11th, 1849. After a course of study at Heidelberg, he went through the campaign of 1870 and won the Iron Cross. Subsequently his studies were continued in Göttingen, Strassburg, and Berlin. He took his degree of Doctor of Medicine at Würzburg in 1872. At this time he came under the influence of Hoppe-Seyler and Salkowski and worked in their laboratories. For some time he assisted Meissner in the Physiological

Institute at Göttingen. In 1875 he was appointed assistant to Cohnheim in the Pathological Institute at Breslau. But in 1878 he settled in Berlin, where for a short time he assisted Lewin in the management of the Skin and Venereal Department of the Charité.

In 1880 he obtained his Privatdozentship, and twelve years later was appointed Professor of Dermatology.

When Lassar began his career in Berlin, Dermatology was a discredited branch of medicine. To him belongs the honour of having raised the standard of the Berlin school to its present height. He was a man of varied accomplishments with wide humanitarian interests. In later years most of his work was carried on in his private clinic and the Policlinic, where some 12,000 patients annually sought the benefit of his ripe experience. As an author he has made numerous contributions to the literature of Dermatology, but his bias was ever towards the practical, and his efforts were mainly in the direction of therapeutics. He was one of the first to treat cutaneous inflammations by means of porous ointments, and even students are familiar with "Lassar's paste." Lassar was a man of many-sided activities. His extraordinary powers of organisation secured him the position of General Secretary in the International Congress of Medicine in 1890. In the German Hygiene Conference in 1883 he excited public interest in the question of cheap public baths. He founded the German Society for promoting Public Baths, and his efforts to promote this cause, which Englishmen consider so essential to health, have won for him the warm regard of his countrymen. He also founded the Dermatological Society of Berlin, and was the originator and editor of the *Dermatologische Zeitschrift*. Lassar's recreation was chiefly riding and driving. He was an excellent linguist, an admirable host, and fond of children, for whom he wrote *Geschichten und Gedichten für kleine Kinder* (Stories and Poems for little Children).

By the death of Lassar Dermatology has lost an indefatigable worker. He was one of the few remaining links between the present and the now historic past. But to this generation he has left the memory of a charming personality, and to the future an imperishable fame in the annals of Dermatology.

LESLIE ROBERTS.

CURRENT LITERATURE.

THE GROUPS OF DISEASES NAMED SEBORRHOIC "KEROSIS."

DARIER. (*Ann. de Derm. et de Syph.*, January, 1907, p. 3.)

DARIER undertakes the re-examination of the question of the present position of the seborrhoic diseases, which, as he rightly says, are in a sufficiently chaotic confusion. A careful historical *resumé* of the use of the term by various writers is made, and a particularly closely reasoned exposition of the views of Sabouraud is given. These are summed up in the statements that according to Sabouraud there is a special microbe responsible for oily seborrhœa and for calvities, another which produces the scab of pityriasis, another which produces acne and the "croûte steatoïde"; and finally, where all these conditions are found together, as frequently happens, there is an accidental symbiosis of these microbes. Darier finds these conclusions too schematic, too logical, for acceptance. He cites Jacquet's observations on the vernix caseosa of the fœtus, in which fatty pityriasis and seborrhœa are associated without any microbic infection; and Besnier's opinion that a special "seborrhoic" disposition exists, hereditary, non-contagious, dating from birth, and accentuated by a number of local or internal irritations; and suggests the adoption of the term "kerosis" to indicate this underlying morbid state of which all the varieties, named respectively pityriasis of Willan, seborrhœa of Fuchs, calvities, oily hyperidrosis, acne, seborrhoic eczema are probably only symptoms or complications. He defines "kerosis" as "a morbid condition of the skin, characterised by a yellowish or greyish colour, with accentuation of the pilo-sebaceous follicles, a consistence sometimes fatty, sometimes dry, with a tendency to branny desquamation and a particular liability to surface infection." These points are dealt with in detail in a masterly essay too long to abstract. It is interesting to note that he includes as manifestations to be included in his class of "kerosis," forms of acne, such as acne necrotica, acne keloid, and furuncular acne, as well as rosacea.

Seborrheides of the type of Unna's seborrhoic eczema are to be regarded as "eczematisations" of a kerosic skin, using the term "eczematisation" as synonymous with the inflammatory reaction of the skin to injuries of mechanical, chemical, physical or microbic origin. Of these the latter group is by far the most common, and the organism most frequently guilty is the staphylococcus with grey cultures, the morococcus of Unna. With this wide conception of a general disease, preceding the individual manifestations upon which attention has been concentrated to such a degree as to make of them separate diseases, Darier is free to probe more deeply into causes. Life in town, overcrowding, overwork possibly adds to its frequency; heredity certainly plays a part. In the life of the individual, exacerbations are noticeable in association with sexual disturbances, with dietic imprudences, with cerebral and nervous derangements. In strenuous opposition to the view that microbic infection explains all the symptoms, Darier, while accepting the fact of the presence of these, denies their specific pathogenicity. He considers that the bottle-bacillus, the micro-bacillus and the morococcus are normally present on the skin; they multiply to an exaggerated degree in kerosic persons, and with regard to the bottle-bacillus and the micro-bacillus the part played by this multiplication in producing

symptoms is open to question. The morococcus by its excessive multiplication undoubtedly does produce inflammatory reactions.

The peculiar incidence at certain ages of varying types of symptoms, all to be included in the great class of kerosis, is noted. Thus dry pityriasis is the feature of young adolescence, being transformed to the greasy type with the approach of puberty, marked also by the advent of seborrhœa of the face and acne. From 18–30 is the period for "seborrhoic" baldness in men, and the same limits of time may be placed for the eruption of rosacea, with a second outburst of the latter between 40–50. With the approach of age and the decrease of the sexual activities kerosis sensibly diminishes; but it is possible that "senile flat warts" and the "multiple epitheliomatosis" of Besnier are to be included as late products of this protean affection.

Since with this conception kerosis is a dystrophic disease of the skin, the result of troubled nutrition of the organ, in which alterations occur in the circulation of its fluids, and in the keratinisation of the epidermis, it would not be supposed that treatment could affect much improvement, and it is certain that this must be guided by very complex considerations. General measures of influencing nutrition, such as by the administration of phosphorus, arsenic, and cod-liver oil, must be combined with the local applications of medicaments promoting keratinisation, of which sulphur, ichthyol, tar, resorcin are the best; and the most that can be hoped for, as a rule, is the control of symptoms rather than a radical cure.

E. G. L.

THE SPIROCHÆTA PALLIDA IN THE BLOOD OF SYPHILITICS.

Le Sourd and Pagniez. (*Ann. de Derm. et de Syph.*, January, 1907, p. 42.)

The difficulty of finding the *Spirochæta pallida* in the blood of syphilitic patients, evidenced by the failures recorded by very experienced observers, and due probably to the sparsity of the organisms as compared with the mass of the blood, has led to many procedures whose object is to minimise this difficulty.

In a first group of cases the method of Noeggerath and Stoehelin was used. A cubic centimetre of blood, withdrawn by puncture from a vein, is mixed with 10 c.cm. of acetic acid (solution $\frac{1}{3}$). This is centrifugalised and the deposit spread on a slide and coloured with Giemsa's stain, freshly prepared, for several hours. In five cases of recent untreated syphilis tested by this means the blood showed no spirochætes. In two cases in which the method of Ruge (which substitutes formol 2 c.cm., acetic acid 0·5 c.cm., water 100, for the one third solution of acetic acid used in the above experiment), a negative result also occurred. A new technique was then essayed. The blood withdrawn from the vein was mixed with a solution of chloride of sodium and oxalate of potash, producing an oxalisation of the blood of 3 : 1000; centrifugalising this mixture until several layers of sediment formed; withdrawal of the uppermost layer with a pipette, and spreading this on a slide which was then stained with Giemsa's fluid. Here again, with three cases of active syphilis the search for organisms was negative.

The failure of these methods, together with an experiment of Levaditi, which tends to shows that the spirochæta does not obey centrifugalisation, has led these authors to abandon that method. The blood is mixed with a weak solution of chloride of sodium. The red corpuscles are rapidly removed by centrifugalisa-

tion; the clot which continually forms in the residue imprisons all the elements other than corpuscles. This is dissolved in acetic acid or Ruge's liquid. The drawback of this method is that the mass of the residue on the slide is too great to be readily coloured by Giemsa's stain.

E. G. L.

TRAUMATIC EPIDERMIC CYSTS IN ABNORMAL POSITIONS. Dubreuilh. (*Ann. de Derm. et de Syph.*, January, 1907, p. 35.)

Cysts due to the inclusion of epidermis in the tissues as a result of injury are commoner on the hands than elsewhere, as a natural result of the greater frequency of injury in these parts. The fragment of epidermis removed by the injury from the surface and buried in the deeper parts tends to grow and form hard tumours, distinguishable from sebaceous cysts by microscopic examination. Dubreuilh collects, in this paper, records of thirteen such cases in positions other than the hand; three of these are of his own observation. These positions were the eyelid, leg, scalp, buttock, forehead, tongue, eyebrow, forearm (2), after an operation for injury to the radial nerve, prepuce (2), after circumcision. Probably this accident is commoner than is supposed, and Dubreuilh has performed a service in calling attention to it.

E. G. L.

THE CEREBRO-SPINAL FLUID OF HEREDITARY SYPHILITICS. Ravaut. (*Ann. de Derm. et de Syph.*, February, 1907, p. 81.)

This author has contributed two earlier papers on the cytology of the cerebro-spinal fluid in secondary and in tertiary syphilis. The present research rounds off the study of this aspect of syphilis, with the consideration of hereditary syphilis.

Twenty-eight children of syphilitic parents were examined. These are divided into classes according as they showed lesions of the skin or mucous membrane, or the contrary, and are tabulated on p. 107. It is at once seen that of the eight cases in which no lesions of skin or mucosa were present, seven showed no lymphocytosis of the cerebro-spinal fluid, and medium lymphocytosis in one case. Of twenty-one children with cutaneous or mucous lesions, sixteen showed medium or gross lymphocytosis. The presence of this symptom was not always associated with clinical symptoms of affection of the nervous system, but as in the case of the researches on secondary syphilis, lymphocytosis of the cerebro-spinal fluid, when present by itself, indicates the involvement of the nervous system and becomes a symptom of equal importance with any clinical manifestation, with the advantage that it is often of earlier appearance.

E. G. L.

NOTE ON TWO CASES OF SUBCUTANEOUS SARCOIDS. Thibierge and Bord. (*Ann. de Derm. et de Syph.*, February, 1907, p. 113.)

Two cases, both occurring in women, and with very chronic histories, are here recorded, together with the histological examination in each case of a portion of the skin, which confirmed the diagnosis of sarcoid of Darier-Roussy. In both cases a tubercular history, both family and personal, was obtained; oddly enough both patients had suffered from pleurisy, which had probably been tuberculous. The nearest analogue of this affection is erythema induratum, and since both

diseases must be now regarded as symptoms of tuberculous invasion, their clinical similarity is not surprising.

E. G. L.

A CONTRIBUTION TO THE BACTERIOLOGY OF THE SEBACEOUS GLANDS. Hallé and Civatte. (*Ann. de Derm. et de Syph.*, March, 1907, p. 184.)

When a sebaceous gland or comedo is squeezed so that its contents are extruded, and the matter thus divided is stained and examined, several organisms are seen, of which the micro-bacillus of Unna and Sabouraud, the bottle-bacillus and the morococcus or polymorphic coccus are the most constant. When the same matter is grown on ordinary culture media, the coccus and a diphtheroid bacillus alone grow, in aërobic conditions. But the writers of this paper have demonstrated that under anäerobic conditions another organism, a fine bacillus, easy to stain, and remaining stained with Gram, is found in the contents of sebaceous glands and comedones; this organism seems morphologically identical with that seen in the smear of the filament pressed on a cover glass; but the fact of its strict anaërobism and that it does not grow on the medium prescribed by Sabouraud for his bacillus would seem to point to a dissimilarity. Its pathogenicity has not been established.

E. G. L.

NEW RESEARCHES ON THE MICROSPORONS. Sabouraud (*Ann. de Derm. et de Syph.*, March, 1907, p. 161; April, 1907, p. 225.)

The plural, used by Sabouraud, is meant to convey the fact that there are several varieties of microsporon. This fact has long been recognised, the fungus affecting the cat, the horse, the dog, having been demonstrated and occasionally having been found in man as an accidental infection. But the unity of the type of the common, small-spored ringworm of children (the *Microsporon Audouini*) has been maintained by many writers. Sabouraud now throws his authority into the scale of the opinion announced in 1896 by Fox and Blaxall, that there are several varieties of this organism, and has isolated three new species with typical cultures. He has given these varieties the names *Microsporon lanosum*, *Microsporon umbonatum* and *Microsporon velveticum* in description of the appearances of these cultures. The character of the clinical appearance and culture of the first-named organism, *Microsporon lanosum*, seems to approximate it to the microsporons already demonstrated to be of animal origin, but no animal has as yet been distinguished as growing this type most readily. Plates, showing the appearance of the cultures of the forms of microsporon hitherto described (seven in all) are added. The other two new species, due to Sabouraud, the *Microsporon velveticum* and *umbonatum*, were observed in isolated cases and are distinctly rare, but the third, the *Microsporon lanosum*, is said to account for one third of the cases of small-spored ringworm of children in Paris, and to this new form Sabouraud devotes a second paper. It is a form that readily becomes inflamed and readily infects the smooth skin, in both respects contrasting with the *Microsporon Audouini*.

A careful description of the technique employed in demonstrating the fungus is given. Sabouraud has renounced his former opinion that the hair is affected

before the surrounding skin, and is able to demonstrate, in a series of excellent photographs, the sequence of invasion, from the epidermis to the mouth of the follicle, the sheath, and finally the shaft of hair, the latter becoming infected, not from the walls of the follicle, but by ribbons of mycelium which descend from the cone of fungus filling up the orifice of the follicle like the cork of a laboratory water-bottle, the hair passing through the cone. A historical *resumé* of the subject of small-spored ringworm in which generous recognition is made of the pioneer work of Adamson and Fox and Blaxall, ends this very interesting and important contribution.

E. G. L.

NEW RESEARCHES ON THE MICROSPORONS: THE INTRA-PILAR MYCELIUM. Sabouraud. (*Ann. de Derm. et de Syph.*, May, 1907, p. 326.)

This, the third contribution to the subject of small-spored ringworm made by Sabouraud is confined to questions of mode of growth of the fungus in the hair. He shows conclusively that the fungus, filling up the orifice of the follicle, sends down long and large strands of mycelium which penetrate the cuticle of the shaft in about the middle of its follicular portion, and occupy the substance of the hair as mycelial threads which remain unstained and run in the long axis of the hair. Thus in addition to the mosaic sheath of spores surrounding the hair there is an internal invasion strongly resembling the appearance seen in favus and the tricophyta. These intra-pilar strands of mycelium in part terminate in a sheath which intervenes between the shaft of the hair and the mosaic of spores; in part are prolonged to form the terminal fringe of mycelium which is found just above the bulb in hairs which are removed entire, and which, having been first described by Adamson, Sabouraud insists should retain the name of the "fringe of Adamson."

E. G. L.

NEW RESEARCHES ON THE MICROSPORONS: GENERAL MORPHOLOGY OF THE FUNGUS IN THE HAIR. Sabouraud. (*Ann. de Derm. et de Syph.*, June, 1907, p. 309.)

In his fourth paper Sabouraud investigates certain details in the life-history of the microsporon. He shows that the spores which enclose the hair in a mosaic sheath are derived from breaking up of descending extra-pilar mycelial threads. It would appear at first sight that the intra-pilar mycelium, which was described fully in the third paper, has no share in the production of this external spore-sheath; but certain preparations figured in the paper give reason to suppose that while the mosaic sheath is in the first instance produced by down-growths from the mouth of the follicle of mycelium external to the hair, the intra-pilar mycelium may eventually contribute to the regeneration of the spore-envelope from below.

E. G. L.

ASSOCIATION OF LUPUS VULGARIS AND LUPUS ERYTHEMATOSUS. Spitzer. (*Ann. de Derm. et de Syph.*, March, 1907, p. 189.)

Authentic instances of the association in the same person of these two diseases are extremely rare. The diagnosis of the case here reported by Spitzer from Lang's clinic rests upon histological examination, sections from the area

diagnosed as Lupus vulgaris showing bacilli, and sections from the Lupus erythematosus portions showing the histology characteristic of that disease. A bibliography is appended.

E. G. L.

A CASE OF XERODERMA PIGMENTOSUM OF KAPOSI WITHOUT PIGMENTATION. Audry. (*Ann. de Derm. et de Syph.*, March, 1907, p. 199.)

The patient was a man, aged 24 years, who had had since early childhood a generalised xerodermic condition of the skin, with erythematous, achromic, and scaly patches in parts, but with no pigmentation anywhere except some freckle-like stains on his hands. Three or four years previously to being seen by Audry he had developed on the upper lip a tumour which was demonstrated to be epitheliomatous. A section of the xerodermic skin from the elbow showed atrophy of the epithelium, lymphocytic infiltration of the corium, changed and partially degenerated collagen, absence of elastic fibres in the sub-epithelial zone, with dilated capillaries, and finally, increased production of elastine in the deeper layers. Audry considers that this disease must be regarded as a congenital dystrophy, and combats the view that a type of the disease of later development (Xeroderma pigmentosum tardivum) exists. Too much importance, he thinks, has been ascribed to the complication of epithelioma, which is purely accidental, and which has rendered common its confusion with Unna's pigmentary epitheliomata (Seemannshaut carcinom).

E. G. L.

SYPHILITIC CHANCRES WITHOUT SUBSEQUENT SECONDARY SYMPTOMS. Oltramare. (*Ann. de Derm. et de Syph.*, April, 1907, p. 246.)

The opinion is very widely held, as is evident from the many authorities quoted, that the secondary eruption is the necessary sequence of the infective chancre; so much so that many teachers insist upon the withholding of treatment until the secondaries show themselves, and regard the chancre as of doubtful authenticity until its character is confirmed by this event. Oltramare has had his faith in this dogma shaken by several cases in which an apparently typical infective chancre was not followed by other symptoms (in the absence of treatment, of course), and by one case in particular here recorded: A man, aged 25 years, had connection with a prostitute, in whom subsequently a chancre of the neck of the uterus was detected. The man developed a chancre a month after his first intercourse. No specific treatment was adopted, and no further symptoms occurred; the man having been kept under observation for five months, and then having failed to return for inspection, and three years having elapsed since he was seen, the author assumes that he has remained free from symptoms.

E. G. L.

RECURRENT ERYTHEMA SCARLATINIFORME. Dubreuilh. (*Ann. de Derm. et de Syph.*, April, 1907, p. 261.)

The patient was a German commercial traveller, aged 35 years. He had had two previous attacks in 1901 and 1903, the third being seen by Dubreuilh in 1906. This commenced with a vivid erythema of the chest, with sporadic

punctiform papules at the border of the erythema and vesicles on the hands, and terminated with a general desquamation of the parts affected. In a second outbreak numerous vesicles developed on the erythematous patches, and the temperature was raised to 39° to 40° C., with symptoms of prostration, sleeplessness, and intense itching, and much œdema of the limbs. There was no albumen in the urine, and no drugs had been taken prior to the attack. The patient was free from the eruption within three weeks of the onset. Quinine and ergotine internally, and starch and talc powders externally, were prescribed.

E. G. L.

A PRELIMINARY NOTE ON THE IMPORTANCE OF CURETTING THE SURFACE IN THE DIAGNOSIS OF CERTAIN SKIN DISEASES. Brocq. (*Ann. de Derm. et de Syph.*, May, 1907, p. 305.)

Brocq has extended the use of "Auspitz's sign"—the series of phenomena observed on removing with the finger-nail the superficial scale of psoriasis—to other skin-diseases, and has substituted for the finger-nail a small curette. He claims that valuable criteria for diagnosis may be obtained in several diseases. Thus the method allows of the perception of the thickness, degree of stratification, dryness, whiteness, lustre of the scale, as in psoriasis; their yellowness, softness and moisture as in carcinoma and in seborrhoic eczema of Unna; the degree of their adherence, and whether the scale dips into the follicle, etc. The presence of serosity may be detected by applying thin blotting paper to the scraped surface and noting whether it becomes wet. The varying facility with which bleeding results as a result of the superficial scraping is an important diagnostic feature. Brocq has found the method useful in psoriasis, parapsoriasis, Eczema seborrhoicum, Pityriasis rosea, Pityriasis rubra pilaris, Lichen planus, Lupus erythematosus, Lupus vulgaris, Syphilides; and the differential features of each of these diseases as tested by the curette are detailed.

E. G. L.

EPITHELIOMATOSIS OF SOLAR ORIGIN. Dubreuilh. (*Ann. de Derm. et de Syph.*, June, 1907, p. 387.)

Dubreuilh classifies cutaneous epitheliomata in three divisions:

(1) Of the lip; cancer derived from mucous membrane.

(2) Rodent ulcer corresponding to the "baso-cellular" epitheliomas of Krompecher.

(3) Papillary or keratosic epithelioma, corresponding to the spino-cellular epitheliomas of Krompecher.

It is with this latter type that he deals. This variety differs from rodent ulcer in that it appears on parts of the skin which have previously shown signs of disease, and a general condition, which he proposes to call "senile keratosis," precedes the development of the epitheliomas of this class. Senile keratosis shows itself by a blotchy, circumscribed pigmentation with alternating patches of achromic atrophy, among which are often found fine dilated veins. Upon this follows the development of "keratoma senile" which frequently becomes epitheliomatous. These changes, regarded as senile, take place only in uncovered parts of the skin, and are in all probability due to sun-burn. They are more frequent in persons who live in the open air. The regional distribution of the lesion

is influenced by the circumstances of clothing, not by anatomical considerations. The pathology is probably very similar to that of the epitheliomatous changes in Xeroderma pigmentosum.

A very full table of cases of epithelioma observed in the clinic for seventeen years is included in the text.

E. G. L.

ON A NEW TYPE OF GENERALISED EXFOLIATING ERYTHRODERMIA WITH URTICARIAL ASPECTS. Pautrier and Fage. (*Ann. de Derm. et de Syph.*, July, 1907, p. 433.)

The patient under consideration was a man, aged 49 years, who, after several partial invasions of the body by erythrodermia, became universally affected in 1906 with erythema, desquamation and infiltration of the skin, and in parts vesication. The hair and nails showed no change. Itching was intense. The glands were moderately but generally enlarged. Differential blood count was normal. The urine was albuminous. A matter of much interest was noted, namely, that when the itching and infiltration were diminished by suitable treatment, the man became dyspnœic and râles appeared in the lungs, and the heart beats became irregular and rapid, the urine scanty. This alternation was observed repeatedly during the six months of his retention in the hospital He finally died in December, 1906, with post-mortem appearances of hepatisation of the lungs, pericardial adhesions, and enlarged heart and liver, and congested kidneys.

A portion of skin, removed by biopsy during the height of infiltration and redness, showed hyperacanthosis and cellular infiltration of the superficial zone of the corium, conditions recalling the appearance of pre-mycosic infiltrations. In a section of skin made five minutes after death these appearances had entirely disappeared; this is probably to be explained by the fact that at the time of death the skin had become almost normal in aspect, while the visceral complications gained the upper hand. The only similar case which the authors have found in the literature is one reported by Jacquet in 1890, in which, under treatment with occlusive dressings, a skin which for a year had been the seat of an intense infiltration in ten days recovered its normal appearance, histological examination before and after treatment showing clearly the disappearance of the hyper-acanthosis and infiltration visible in the earlier examination.

The apparent alternation of visceral and cutaneous symptoms in this case is commented upon at length and parallel cases cited from the literature. Brocq's views on the subject are well known: and inasmuch as this contribution was worked out in Brocq's laboratory, the views of that teacher are naturally assigned their proper weight. Indeed, there are not wanting many signs that the reaction, so long victorious under the leadership of Hebra and Kaposi, to the "humoral" theory of cutaneous disease, has gone too far, and is to be followed by a closer attention to the general constitutional symptoms associated with cutaneous eruptions.

E. G. L.

REVIEW.

Spirochæta Pallida.*

At the Berne Meeting in 1906 of the German Dermatological Society it was decided there should be some fitting memorial to the labours of Schaudinn. This memorial has taken the form of a fine Atlas just issued by Professor Erich Hoffmann, the friend and collaborator of Schaudinn, and to whom is due some of the credit connected with the discovery of *S. pallida* (or *Treponema pallidum*). Within the covers of the Atlas are thirty coloured plates and four plates of photo-micrographs representing experimental inoculations of the syphilitic products in the various tissues (including the eye) of the body. In addition there are many instructive figures of other *Spirochætæ*, such as *S. plicatilis*, *S. refringens*, *S. buccalis*, *S. dentium*, *S. Obermeieri*, etc., and also of *Trypanosoma equiperdum*. The stains employed were mainly Giemsa, and for sections the method first employed by Levaditi, and the one subsequently modified by that histologist and Manouélian. Fig. 3 of Plate XII shows excellent results as to the *Spirochæta pallida* in the supra-renal of a case of congenital syphilis which died on the fourth day after birth, by the following method: After a short time in a formalin solution (1 in 10 of water) sections were cut by the freezing method and placed in Giemsa (one drop to the c.c. of distilled water) for twelve to twenty-four hours, passed through a concentrated potash and alum solution, and mounted in glycerine gelatine after rapidly washing in distilled water. The four last plates of photo-micrographs are of special interest, representing high magnifications of Schaudinn's preparations. Altogether the Atlas, which contains a portrait of Schaudinn, reflects the greatest credit on all concerned, but especially on Hoffmann, whose labour has evidently been one of love for his friend and co-worker, and on the German Dermatological Society, under whose auspices the work has been published. Praise is also due to the various contributors of preparations; the artists, Landsberg and Helbig; the publisher; and last, but not least, to the generosity of Edward Simon, doctor of law, whose donations in the cause of syphilis investigations might be well imitated in this country.

G. P.

* *Atlas der Ætiologischen und Experimentellen Syphilisforschung.* Erich Hoffmann. Berlin: Springer, 1908. Price 48 marks.

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